

Center For Adaptive Technology Loan Program

Computer / iPad Loan Request Form

Please PRINT legibly. We cannot process your request if we can't read all the information.

SECTION 1. Information about the recipient: **(Person requesting the equipment)**

Name _____

Title _____

Daytime phone # _____ Alternate phone # _____

Name of Agency/ School District _____

Street Address _____

City/state/zip _____ County _____

e-mail _____

The **recipient** is (CHECK ONE):

Person w/disability Educator/School/University

First time borrowing a device? Yes No

The Assistive technology device will help (check **ONLY ONE**):

at School at Home or in Community
 at Work with Telecommunications

SECTION 2

Reason for using this program (Please Check One):

- Could only afford the AT through this program
- AT was only available through this program
- Other programs too complex or wait is too long
- Other _____

Purpose of Loan

- Assist in decision making (Device trial or evaluation – to find out what kind of device / if a device can help)
- To provide an Accommodation (on a short-term basis)
- Served as loaner during device repair or while waiting for funding
- Other (specify) _____

Equipment Requested:

Description	Name of Item
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

SECTION 3. Borrower's Responsibility and Liability Statements

Please read and sign BOTH the "Borrower's Responsibility and Liability" and the "Release of Liability" statements in Section 3.

The person who is accepting FINANCIAL RESPONSIBILITY for this device loan should sign these statements.

Please note that you must IMMEDIATELY report any missing or damaged items in order to minimize your financial responsibility for replacement of missing or damaged items.

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the computer and/or Ipad and all computer access device(s) that I borrow from CATLP.

I am responsible for returning all components to the Center for Adaptive Technology on the Southern Connecticut State University campus at the end of my loan. If I find that any components listed on the inventory sheet are missing when I obtain my device loan, I must call the Center for Adaptive Technology at **203-392-5799** immediately so I will not be held financially liable for the missing components.

In the case of loss of a device or components, I will be held financially liable. In the event of loss, I will contact the Center for Adaptive Technology on the Southern Connecticut State University campus at **203-392-5799** immediately.

In the case of loss or theft, I will not be held responsible, as long as I immediately report the incident to the police, and immediately notify the Center for Adaptive Technology at **203-392-5799** and provide a copy of the police report to the Center for Adaptive Technology on the Southern Connecticut State University.

If an equipment breakage or malfunction occurs, I must immediately notify the Center for Adaptive Technology at **203-392-5799**.

I understand it is illegal to copy or distribute any software loaned through the Computer/Assistive Technology Loan Program.

Failure to comply with these responsibilities will result in loss of future access to Computer/Assistive Technology Loan Program, in addition to applicable financial liability.

Signature of Responsible Party

Date

Print Name

Phone

Address (if different than recipient or person requesting)

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Center for Adaptive Technology, Southern Connecticut State University, Connecticut Tech Act Project, Department of Social Services, State of Connecticut, and any and all employees, agents or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Center for Adaptive Technology, Southern Connecticut State University, Connecticut Tech Act Project, Department of Social Services, State of Connecticut, and any and all employees, agents or representatives of same, in connection with loan(s) from the Computer/Assistive Technology Loan Program.

Signature

Date

Print Name

Phone Number

Thank you for using the Computer/Assistive Technology Loan Program, a partnership between the Center for Adaptive Technology & the Connecticut Tech Act Project.

The Connecticut Tech Act Project is funded by the U.S. Department of Education under the Assistive Technology Act of 1998, as amended. No official endorsement by the U.S. Department of Education of any product, commodity, service or enterprise mentioned in this publication is intended or should be inferred.

In compliance with the Americans with Disabilities Act, this information is available in alternate formats upon request.

Where to Send Your Application

Please return this application via one of the following methods:

Mail:

Center for Adaptive Technology
Southern CT State University
Engleman B017
501 Crescent St.
New Haven, CT 06515

Fax:

203-392-5796

Email:

cat@southernct.edu